24. The method according to claim 22 wherein said spinal cord is crushed spinal cord.

25. The method according to claim 22 wherein said polyalkylene glycol is selected from the group consisting of polymethylene glycol, polyethylene glycol, polypropylene glycol, polybutylene glycol, polypentylene glycol, polyhexylene glycol, polyheptylene glycol, polyoctylene glycol, polynonylene glycol, polydecylene glycol and mixtures, thereof.

26. The method according to claim 25 wherein said polyalkylene glycol is administered to said patient in a pharmaceutically acceptable carrier.

27. The method according to claim 26 wherein said polyalkylene glycol is selected from the group consisting of polyethylene glycol, polypropylene glycol and mixtures thereof.

28. The method according to claim 22 wherein said polyalkylene glycol is polyethylene glycol.

29. The method according to claim 26 wherein said polyalkylene glycol is polyethylene glycol having a molecular weight ranging from about 40 daltons to about 3500 daltons.

30. The method according to claim 22, wherein said method further comprises the step of contacting injured spinal cord with an effective amount of a potassium channel blocker before, during or after contacting said spinal cord with said polyalkylene glycol, said method resulting in a synergistic increase in restoration of nerve function and reflex behavior in said patient.

31. The method according to claim 30 wherein said polyalkylene glycol is selected from the group consisting of polyethylene glycol, polypropylene glycol and mixtures thereof.

32. The method according to claim 30 wherein said potassium channel blocker is an amino-substituted pyridine compound.

33. The method according to claim 31 wherein said potassium channel blocker is 4-amino pyridine.

34. The method according to claim 30 wherein said polyalkylene glycol is polyethylene glycol.

35. The method according to claim 32 wherein said polyalkylene glycol is polyethylene glycol having a molecular weight ranging from about 40 daltons to about 3500 daltons.

36. The method according to claim 33 wherein said polyalkylene glycol is polyethylene glycol having a molecular weight ranging from about 40 daltons to about 3500 daltons.

37. The method according to claim 34 where in said polyethylene glycol has a molecular weight ranging from about 40 daltons to about 3500 daltons.

38. A method of treating a mammalian patient having suffered an injury to its spinal cord, said method comprising contacting said spinal cord as soon as is possible and within a period no greater than about 24 hours after said injury with an effective amount of polyethylene glycol, said method resulting in at least

partial restoration of nerve function in said injured spinal cord and an increased behavioral recovery after said spinal cord is treated.

39. The method according to claim 38 wherein said polyethylene glycol has a molecular weight ranging from about 40 daltons to about 3500 daltons.

40. The method according to claim 38 further comprising the step of contact said injured spinal cord with an effective amount of a potassium channel blocker before, during or after contacting said spinal cord with said polyethylene glycol.

41. The method according to claim 40 wherein said potassium channel blocker is an amino-substituted pyridine.

42. The method according to claim 40 wherein said potassium channel blocker is 4-aminopyridine.

43. The method according to claim 40 wherein said polyethylene glycol has a molecular weight ranging from about 40 daltons to about 3500 daltons.

REMARKS

After amendment, claims 22-43 are pending in the present application. Claims 1-21 have been cancelled *without prejudice*, claims 16-21 pursuant to the Examiner's restriction requirement and Applicants election. The amendment to the claims has been made to emphasize the patentable feature of the present invention, which relates to the unexpected result that an effective amount of an alkylene oxide as claimed may be administered to a mammalian patient which has suffered spinal cord injury as soon as is possible after such injury period has occurred, resulting in the patient exhibiting an unexpected increase in nerve function, reflex behavior and behavior recovery, consistent with at least a partial healing of